

ORIGINAL

Gabriel G. Atamian, MD, MSEE, JD
1021 N. State Street Apt A
Dover, DE 19901
302-678-2546

The Honorable Sue L. Robinson
United States District Judge
Wilmington, De 19801

March 27, 2006

RE; Atamian v. Gentile, et al,
C.A. No.: 06-183

Atamian v. Burns,
C.A.No. : 06-196

URGENT

FILED
CLERK U.S. DISTRICT COURT
DISTRICT OF DELAWARE
2006 MAR 27 AM 10:25

Dear Judge Robinson:

Today, I have filed a motion for reconsideration for the application
In Forma Pauperis for the case Atamian v. Gentile.

Your Honor Order states that the annual income is \$14,052.00. Gifts
are not considered as income by the IRS. (See Exhibit A)

Attached as Exhibit B, is the application In Forma Pauperis to the
Supreme Court of the United States, Atamian v. Vittalina. Where,
the total expenses are \$1,260.00 per month on the average spend
by the plaintiff.

All my gums are swollen and are very painfull. There is an abscess
of tooth#29. The jewish conspiracy from NYC has prevented until
today to eradicate the urgent need of treatment of my dental
conditions.

I do respectfully request from Your Honor to issue an Order for
the following:

Reconsideration In Forma Pauperis for the case Atamian v. Gen-
tile, et al,

To not deny my application for the case Atamian v. Burns, which
was filed on March 24, 2006. It will create a real hardship to me.

To have a Christian Master investigate about the truth of
the matter of the above facts.

Thanking from Your Honor from advance,

Very truly,

Gabriel G. Atamian, MD, MSEE, JD
Gabriel G. Atamian, MD, MSEE, JD JD

EXHIBIT A

**OFFICE OF CHIEF COUNSEL
INTERNAL REVENUE SERVICE**

DISTRICT COUNSEL
Pennsylvania District
Mellon Independence Center
701 Market Street, Suite 2200
Philadelphia, Pennsylvania 19106
(215) 597-3442
FAX (215) 597-3008 or 539-2150

DEC 22 1999

CC:NER:PEN:PHI:TL-11109-99S
KKRaup

Gabriel G. Atamian
1021 North State Street
Apartment A
Dover, DE 19901

Re: Atamian v. Commissioner
Docket No. 11109-99S

Dear Mr. Atamian:

I am the attorney assigned to represent the Internal Revenue Service in the above-referenced matter. I have reviewed your case and spoken to Dr. Fuisz, who supports your assertions that the monies received by you were a gift. Accordingly, I am willing to concede this issue.

Please find enclosed three original Decision documents which will conclude the above-referenced matter with the Internal Revenue Service agreeing that you do not owe additional taxes with respect to the tax year 1997. Please sign the originals and return two to me as soon as possible for filing with the Court. The remaining copy is for your files.

Please call me if you have any questions at (215) 597-3442 between 8:00 a.m. and 4:30 p.m.

Sincerely,



KATHLEEN K. RAUP
Attorney

Enclosure:

Decision Document (original and 2 copies)

EXHIBIT B

No. 05-9732

IN THE
SUPREME COURT OF THE UNITED STATES

Gabriel G. Atamian, MD, MSEE, JD
— PETITIONER
(Your Name)

VS.

Anthony W. Vattilana, DDS; and,
Robert R. Hoopes, DDS, President RESPONDENT(S)
of the Dental Clinic, Chartered,

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

[X] Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

1. Supreme Court of the United States 1996, 2000, 2003, 2004, 2005 and 2006.
2. Court of Common Pleas of Philadelphia County 1997 and 2002.
3. Court of Common Pleas of Kent County 1996.
4. Supreme Court of Delaware 2003 and 2005.

[] Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

Petitioner's affidavit or declaration in support of this motion is attached hereto.

Gabriel G. Atamian
(Signature)

**AFFIDAVIT OR DECLARATION
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

I, Gabriel G. Atamian, am the petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 0	\$	\$ 0	\$
Self-employment	\$ 0	\$	\$ 0	\$
Income from real property (such as rental income)	\$ 0	\$	\$ 0	\$
Interest and dividends	\$ 0	\$	\$ 0	\$
Gifts	\$ 700	\$	\$ 550	\$
Alimony	\$ 0	\$	\$ 0	\$
Child Support	\$ 0	\$	\$ 0	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 621	\$	\$ 621	\$
Disability (such as social security, insurance payments)	\$ 0	\$	\$ 0	\$
Unemployment payments	\$ 0	\$	\$ 0	\$
Public-assistance (such as welfare)	\$ 0	\$	\$ 0	\$
Other (specify):	\$ 0	\$	\$ 0	\$
Total monthly income:	\$ 1,311	\$	\$ 1,161	\$

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

Petitioner is 70 years old retired person.

Employer	Address	Dates of Employment	Gross monthly pay
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Petitioner has no spouse

Employer	Address	Dates of Employment	Gross monthly pay
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

4. How much cash do you and your spouse have? \$ _____

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
_____	_____	\$ _____	\$ _____
Citizens Bank	Checking	\$ 377	\$ _____
_____	_____	\$ _____	\$ _____

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

☐ Home

Value _____ Petitioner owns no home

☐ Other real estate

Value _____ Petitioner owns no other real estate

☐ Motor Vehicle #1

Year, make & model _____

Value _____ Petitioner owns no motor vehicle#1

☐ Motor Vehicle #2

Year, make & model _____

Value _____ Petitioner owns no motor vehicle#2

☐ Other assets

Petitioner owns no other assets

Description _____

Value _____

footnote for Questions #2,3,4 and 5.

Petitioner is a 70 years old indigent person.

Petitioner has absolutely anything in life except he possesses 10 advanced degree, including Psychiatry Diploma with Honors.

The jewish Physician Conspiracy has ruined petitioner life, by taking petitioner for an "Arab" and forcing petitioner not to earn an income, since 1982. See, Question#12, infra.

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

No person owing petitioner money.

Person owing you or your spouse money

Amount owed to you

Amount owed to your spouse

_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

7. State the persons who rely on you or your spouse for support. No person rely on petitioner

Name

Relationship

Age

_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	305 \$ _____	\$ _____
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	75 \$ _____	\$ _____
Home maintenance (repairs and upkeep)	\$ _____	\$ _____
Food	\$ 400 _____	\$ _____
Clothing	\$ 10 _____	\$ _____
Laundry and dry-cleaning	\$ 30 _____	\$ _____
Medical and dental expenses	150-250 \$ _____	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ ⁴⁰ _____	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ _____	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ _____	\$ _____
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Motor Vehicle	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ _____	\$ _____
Installment payments		
Motor Vehicle	\$ _____	\$ _____
Credit card(s)	\$ _____	\$ _____
Department store(s)	\$ _____	\$ _____
Other: <u>Doctors and Bank</u>	\$ <u>160</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ _____	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____
Total monthly expenses:	\$ 1,160-1,260	\$ _____

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☒ Yes ☐ No If yes, describe on an attached sheet.

May be of legal research in the future

10. Have you paid – or will you be paying – an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

For the case and the completion of this form is done by the petitioner.
If yes, how much? _____

If yes, state the attorney's name, address, and telephone number:

11. Have you paid—or will you be paying—anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

All the forms are completed by the petitioner and typed
by him.
☐ Yes ☒ No

If yes, how much? _____

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of this case.

Since 1982, I have been forced not to earn an income.

Since 1982, I have been survived by gift/monthly, by Dr. Fuisz.

Dr. Fuisz and I, were interns at Cambridge City Hospital, Harvard Medical School, from 1965 to 1966.

Petitioner is an indigent person, he is on food stamps.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: March 10, , 20 06

Gabriel G. Atamian,
(Signature)

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

Gabriel G. Atamian, MD, MSEE, JD,

(Your Name) — PETITIONER

VS.

ANTHONY W. VATTILANA, DDS; and,
ROBERT R. HOOPES, DDS, PRESIDENT — RESPONDENT(S)
OF THE DENTAL CLINIC, CHARTERED,

PROOF OF SERVICE

I, Gabriel G. Atamian, do swear or declare that on this date,
March 10, 2006, as required by Supreme Court Rule 29 I have
served the enclosed MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*
and PETITION FOR A WRIT OF CERTIORARI on each party to the above proceeding
or that party's counsel, and on every other person required to be served, by depositing
an envelope containing the above documents in the United States mail properly addressed
to each of them and with first-class postage prepaid, or by delivery to a third-party
commercial carrier for delivery within 3 calendar days.

The names and addresses of those served are as follows:

John A. Elzufon, Esq.
300 Delaware Avenue, Suite 1700
P.O. Box 1630
Wilmington, DE 19899-1630

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 10, 2006


(Signature)